
GOVERNMENT PERFORMANCE AND RESULTS ACT FREQUENTLY ASKED QUESTIONS (FAQs)

1. What is the Government Performance and Results Act of 1993?

The Government Performance and Results Act (GPRA) is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the Federal government and to link resources and management decisions with program performance. GPRA requires that all Federal departments:

- Develop a strategic plan specifying what they will accomplish over a 3- to 5-year period
- Annually set performance targets related to their strategic plan
- Annually report the degree to which the targets set in the previous year were met
- Regularly conduct evaluations of their programs, and use the results to “explain” their successes and failures on the basis of the performance monitoring data.

2. Do we have to comply with the Government Performance and Results Act?

All discretionary programs—both Knowledge Application (KA) and Targeted Capacity Expansion (TCE)—must comply with GPRA. In their grant applications, prospective grantees should state the procedures they will put in place to ensure both compliance with GPRA and the collection of Core Client Outcomes data elements at baseline and at 6- and 12-month follow-up interviews.

For a more detailed description of grantees’ GPRA requirements, see the Center for Substance Abuse Treatment’s (CSAT’s) GPRA strategy under General Information on the CSAT-GPRA website (www.csat-gpra.samhsa.gov).

3. What are the Core Client Outcomes in the CSAT Government Performance and Results Act data collection tool?

The Core Client Outcomes in the CSAT GPRA data collection tool (the GPRA tool) are client-level data items that have been identified by widely used data collection instruments (for example, the Addiction Severity Index and the McKinney Homeless Program reporting system).

4. Can projects change the GPRA tool, add questions, etc?

No, the GPRA tool cannot be changed.

CSAT encourages projects to use other data collection instruments to enhance their data collection efforts. However, data from additional questions should not be forwarded to CSAT as part of GPRA reporting.

5. Do we have to ask and report the questions as written in the GPRA tool?

Yes, questions must be asked as written. However, grantees may use their existing instruments (in lieu of the GPRA tool) to collect data for GPRA reporting as long as their questions have the **exact same wording** as those in the CSAT GPRA tool and the response categories are exactly the same.

6. Are grantees responsible for submitting data for the first quarter of their grant?

Yes. When grantees do not expect to have clients for a particular quarter, they must discuss this situation with their CSAT GPO.

7. Do we have to collect information on every person our program serves?

The designation of an individual as a client is left up to the program, not the individual grantee. Program staff must collect data on *all* clients at baseline.

Core Client Outcomes data items must be collected at baseline, 6 months post-baseline, and 12 months post-baseline. Sites should attempt to collect follow-up data on all clients, regardless of whether a client drops out of the program. When a site cannot follow up on a client, the site must use the GPRA tool to report that information to CSAT (see question 16 below).

8. What are the required data collection points for the GPRA information?

GPRA data are to be collected on each individual client at three specific points:

- Intake/Admission
- Six months after the initial collection of GPRA Core Client Outcomes data
- Twelve months after the initial collection of GPRA Core Client Outcomes data.

It is imperative that grantees begin to collect GPRA data on each client as soon as possible after the client's intake assessment.

To comply with the requirement to collect data at intake/admission, **residential programs** must collect data on each client as soon as possible after assessment, but no later than 3 days after the client officially enters the substance abuse treatment program. All forms of **outpatient programs** must collect data on each client as soon as possible after assessment or intake, but no later than 4 days after the client officially enters the substance abuse treatment program.

9. Do we have to follow up on each client? What is the targeted follow up rate?

Yes, each site should attempt to follow up on every client regardless of discharge status (i.e. complete, drop-out).

The targeted follow up rate is 80 percent.

10. Should we use the GPRA Core Client Outcomes elements to collect data on adolescents and juveniles even though the Core elements are designed for use with adults? Will there be a separate set of GPRA Core elements for use with adolescents? Should we just not collect data on adolescents?

CSAT recognizes the difficult issues involving collecting data on adolescents and juveniles. At this time, TCE grantees are to use the GPRA tool to collect GPRA data on all juveniles and adolescents in their programs.

11. What if the objective of our program is such that 6-month and 12-month follow-ups are not anticipated or feasible?

The Core Client Outcomes data items must be collected from all programs funded in the TCE line item in the budget. Programs will have to modify their protocols accordingly, as was clearly stated in the GFA.

12. What if we locate clients before or after their scheduled 6- or 12-month follow-up date?

The follow-up interview 'window' is 30 days before and 2-months after the scheduled 6- or 12-month follow-up interview. For example, if you locate a client 5 to 8 months after the initial GPRA data collection, you may conduct a 6-month follow-up, and the client will be included in CSAT's report to Congress. If you locate a client 9 or 10 months after the initial GPRA data collection, you may conduct a follow-up, but the data from the follow-up interview may not be included in any analyses reported to Congress. The same "window" applies to the 12 month follow up (30 days before and 2 months after or 11 to 14 months after initial GPRA data collection.)

13. Do we collect follow-up data on dropouts?

Yes.

14. What if the follow-up period for the last client served is past the funding period of the project?

All grantees are expected to conduct 6- and 12-month follow-up GPRA data collection for all clients who receive grant-funded services. The sole exception to this rule is as follows: for projects whose grants will end, the cut-off for conducting 6- or 12-month follow-ups is 3 months before the end of

the grant. For example, for projects whose grant will end September 30, the cut-off date for conducting the 6-month or 12-month follow-up is June 30.

Grantees are expected to collect 6- or 12-month data, as appropriate, for all clients who become eligible for follow-up before the cut-off date. Clients are eligible if they were admitted to a treatment program 6 (or 12) months or more before the cut-off date. Grantees are expected to continue efforts to interview clients who became eligible before the cut-off date. (It is not necessary for grantees to interview clients who become eligible after the cut-off date, however.) Grantees who receive no-cost extensions may be required to continue 6- and 12-month data collection past the normal ending date of the grant.

The cut-off date exception (described above) applies only to the 6-month or 12-month follow-up interview--not to the baseline GPRA assessment. A baseline GPRA assessment must be conducted on every client who receives grant-funded services.

15. Is it mandatory to use the online GPRA data entry tool?

Yes, each grantee will be issued a username and password for use in accessing the Web site.

16. How do we report the GPRA data to CSAT and our Government Project Officer?

The data you enter via the Web site are automatically submitted to CSAT, thus eliminating the need for you to make a separate, manual submission of your data to CSAT and your GPO.

17. How will these data be used?

These data will help CSAT:

- Demonstrate tangible CSAT contributions to meeting GPRA objectives
- Report to Congress via the GPRA Plan/Report, aggregated by program, along with a narrative developed by your GPO
- Make the case to Congress that the money awarded to grantees is being spent effectively.

18. How often should we enter our data?

Grantees are required to have all of their data entered in as close to “real time” as possible. Thus, grantees should aim to enter their data within one business day--but no later than 7 business days--after the form is completed.

19. What happens to the data once they are submitted via the Web site?

The data are stored in a central repository. Grantees can edit submitted records. Grantees can also download data in Excel spreadsheet format.

Grantees, project officers, and contractors associated with grantees can access reports that are generated from submitted data (see the User Manual for a description of the reports' functionality).

20. Who develops the client identification system?

Each individual site develops its own client identification (ID). Each client should have his/her own unique client ID that is used at all three data collection points (i.e., baseline, 6 months post-baseline, and 12 months post-baseline).

21. How should we handle clients who are readmitted for treatment services?

Grantees have two options for when clients are readmitted. Grantees are only required to administer the GPRA baseline one time per client. However, grantees may choose to administer a second (or third or fourth etc) baseline GPRA. In this case, the subsequent 6 and 12 month follow ups will be required from the latest baseline only. Each client will only count once toward reaching the target number of clients to be seen regardless of the number of intakes. The same client identification number should be used regardless of the number of times the client presents for services.

22. We have additional questions that need to be addressed. How do we get them answered?

- For questions about how to implement GPRA in your project, please contact your GPO or the contractor working with your program.
- For all questions related to the CSAT-GPRA Web site, please call the HELP DESK at 888-507-9351. Alternatively, you may email the Web master via the Web site.
- For questions related to obtaining additional training or technical assistance related to GPRA, please submit an online request at www.csattce.samhsa.gov.